TRAV	EL EXP	PENSE CLAIM	Ī		See Instr	uctions a	nd Privac	у						/
						nt on Reverse Side					Page	1	of	1
16-50-99-60-03-91 (2000) 78-6						SSAN OR EMPLOYEE NUMBER DEPARTM								
David Crane POSITION CB/ID NUMBER						DIVISION OR BUREAU GOVETT					or's Offic			
Special Advisor						1000						INDEX NUME	BER	
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS						TELEPHONE	MIMPED	
												TELEPHONE	NUMBER	
CITY STATE ZIP			ZIP	State Capitol Building					STATE					
						Sacram	ento			CA			95814	
					MEALS									
95 • 1850 1901 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		LOCATION			HENEO		INCIDENTALS	TRANSPORT						
		WHERE EXPENSES	LODGING					COST OF		CARFARE, TOLLS,	PRIVATE CAR USE		BUSINESS	TOTAL
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER	III III III III III III III III III II	TRANS.	TYPE USED	PARKING		[EXPENSE	EXPENSE:
		SFO to LAX and				1		TICANO.	TIPE OSED		MILES	AMOUNT		FOR DAY
14-Apr	5am	back						274.00	Airline	140.00		0.00		414.0
24.4	0	SFO to LAX and						/		/				
26-Apr	9am	back						285.40	Airline	130.00		0.00		415.4
30-Apr	6:30am	SFO to LAX						146.00	Airline			0.00		
		100										0.00		146.0
01-May	11:30am	LAX to SFO						144.70	Airline	85.00		0.00		229.7
		k 0												
						-						0.00		0.00
SUBTOTALS 0.00 0.00				0.00	0.00	0.00	850.10	0.00	355.00	0	0.00	0.00		
COLUMN CODE (ACCTG. USE ONLY)										2.50	500	0.00	100	
	CLAIM	TOTAL											01.20	05.10
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)										\$1,205.10				
						P-77.001					NORMAL \	WORK HOL	JRS	
		at breakfast in L				Chancelle	or							
		S at Milken Confe									PRIVATE \	/EHICLE LI	CENSE NU	JMBER
4/30: Sta	affing GS	at BYD Auto ev	ent in Lo	s Angele	S									
										MILEAGE RATE CLAIMED				
									0.445					
										AGENCY ACCOUNTING OFFICE				
HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of											USE ONLY			
		owned vehicle was used ar												
										qual to or	PAID BY	REVOLVING F	UND CHECK N	UMBER
		med, and that I have met th	ne requireme	nts as prescri	bed by SAM	Sections 07	50, 0751,0752	2, 0753 and 0	754		2	И17	TH	1
The state of the s	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is th	tv and seat belt usage.		T.								110		
LAIMANTS	SIGNATURE				DATE		SIGNATURE	OF OFFICER A	APPROVING T	RAVEL AND I	PAYMENT	ľ	DATE /	1
				n	4 11	20/0							=/	1.5
	<u>.</u>		TVDELIGES.		1	301 0							5/18	//0
SIGNATURE C	OF TITEL		EXPENSES		V							1	DATE	
										*				
	*													